

## Omicron Policy Implications – COVEXIT.club

23-29 minutes

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Information about Omicron is consistent: It produces a clinically mild disease and is very contagious. The major symptoms are sore throat, fatigue and headaches. Based on experience in South Africa, the first country severely hit, Omicron infection is unlikely to require admission to a hospital or ICU, especially if treated early.

Omicron affects both the vaccinated and the unvaccinated. Actually, the double vaccinated appear to be the most at risk of Omicron infection, as data from Denmark and England indicate there is negative vaccine efficacy with Omicron. There are also strong indications that this variant spreads very rapidly. There are high numbers of new daily cases in countries such as the UK, Canada, France and many others.

Most importantly, like other variants, Omicron is expected to confer robust and long-lasting natural immunity to those recovering from it.

We now have a situation where vaccination essentially seems to not matter when it comes to contracting COVID-19. With Omicron, even if those who are vaccinated seem to be slightly more likely to catching it, they will most likely, like those who are not vaccinated, contract a short and mild disease with some sore throat, headaches and fatigue, lasting just a few days. They will also most likely pass it to others, who will suffer from the same mild disease. Both vaccinated and unvaccinated are expected to develop robust and long lasting post-Covid natural immunity.

In other words, Omicron is kind of a live attenuated vaccine spreading all over the world. Unlike the man-made injections, by conferring robust and long-lasting natural immunity, Omicron should contribute to herd immunity and to ending this pandemic by making COVID-19 an endemic yet mostly benign disease.

The public policy implications of Omicron are considerable. Let's review what should be the proper policies to implement with Omicron. And then, we will look at policies just adopted in South Africa, as well as at the mostly ill-conceived measures taken by most Western governments in response to Omicron.

This analysis largely draws from the interview conducted with Dr. Shankara Chetty titled "Omicron: All You Need to Know" – which you are invited to watch.

### A. Implications of Omicron for Public Policy

#### Vaccines

As Omicron is a mild variant, and that the vaccines don't protect much for it, it's non-sensical to further push for vaccination as a response to this variant. In addition, the immunity conferred by the vaccines (if any) is neither robust nor long lasting. Regardless of the arguments for or against mass vaccination, there is clearly no rationale for vaccination in the face of Omicron. This applies not only to the low risk groups, like children and young adults, for which there has never been a good justification for vaccination, but also to the higher risk, older groups, for which early outpatient treatment can effectively prevent severe disease and death.

Data from England and Denmark reveal negative vaccine efficacy versus Omicron—the vaccinated are more likely to become infected. Combine zero benefit with the many known vaccine adverse events, including serious and deadly ones, and the risk:benefit ratio is highly weighted against the "vaccines." The "safe and effective" narrative is blatantly false when it comes to Omicron, even more than with Delta.

The correct public policy with Omicron is to immediately suspend vaccination – something that should have been done long ago, given the major adverse events that exist with the current generation of "vaccines." Any policy aimed at promoting or

coercing the “vaccines,” including mandates and passports, should also be immediately suspended.

### **Booster Shots**

The immediate response to Omicron in many countries, such as the UK and Canada, has been to accelerate the administration of booster shots. But is such approach warranted? Neither vaccines nor booster shots have been shown to prevent viral spread or new infections. Vaccines and booster shots come, however, at the high cost of generating adverse events, including serious adverse events and deaths, among the healthy – something that public authorities have not conceded. Here, we have a variant that does not cause severe disease or deaths. So booster shots are guaranteed to result in more harm than benefit.

“Nonsensical” is the word adopted by Dr. Shankara Chetty to describe the administration of booster shots as a response to Omicron. Any policy aimed at promoting or mandating the booster shots should likewise be immediately suspended.

### **Post-COVID Natural Immunity**

There has been a consistent denial of post-COVID natural immunity by public authorities around the world. This denial is not based on science, as there is considerable evidence that post-COVID natural immunity is real and much superior to any vaccine-induced immunity. Omicron has clearly demonstrated that “vaccine induced immunity” is an oxymoron, as the data now show negative vaccine efficacy, especially with the double jabs.

The official stance of denying post-COVID natural immunity is very dangerous and needs to be corrected ASAP. Numerous people who are already immune are being coerced to get vaccinated or boosted, while there is zero benefit for them – only risks. Post-COVID natural immunity is widely present among children, who are already at extremely low risk of developing severe Covid. This constitutes an additional argument to immediately stop injecting them —again, it's all risk, zero benefit.

Health care workers also have a high prevalence of post-COVID natural immunity. Naturally immune health care workers should play a crucial role when there are outbreaks. But tragically the very contrary occurs, with many being laid off for making a typically well-informed and rational choice not to be inoculated.

The unscientific policy of denying post-COVID natural immunity has considerable negative consequences, that go much beyond the scope of the present article. But let's just mention here a key one. The population has been programmed to believe that we could “vaccinate ourselves out of the pandemic.” This was understood to be unlikely by experts such as Geert Vanden Bossche from the very beginning.

The ability of the vaccines to deliver herd immunity is now proving to be absolutely false with the Omicron. It's clearly demonstrated that these injections don't prevent contagion, infections and disease. Moreover, we now know the injections facilitate the spread of the Omicron, rather than curbing it. The number of new daily cases is through the roof in highly vaccinated countries such as the UK, Canada, Denmark and many others, which actually bring experts such as Geert Vanden Bossche to assert that mass vaccination for COVID-19 is now a proven failure.

The public urgently needs to be educated about post-COVID natural immunity, which can decisively contribute to ending the pandemic by building herd immunity, especially among the lower risk population, i.e. children and younger healthy adults.

### **Lockdowns, Travel Restrictions, Social Distancing, Isolation, Contact Tracing, Masks, Asymptomatic Testing & Other Measures Aimed at Preventing the Spread**

With a highly transmissible variant, policies such as lockdowns, travel restrictions, social distancing, isolation, contact tracing, masks, asymptomatic testing, will all fail to significantly slow spread. Why then should we implement such measures? A better question is why would the spread of a mild variant need to be contained in the first place? Indeed, as discussed above, because of the post-COVID natural immunity it confers, Omicron is contributing to both individual, and herd immunity.

South Africa, ground zero for Omicron, carefully monitored hospital and ICU admissions. Despite the sharp increase in cases, there was no increase in such admissions. This happened in the context of a country that has not implemented any

harsh measures aimed at preventing the spread of the virus. In the absence of any increase in admissions, it makes no sense to implement futile measures to prevent spread.

In fact, restrictive measures are certain to have more detrimental effects than benefits. Dr. Joseph Ladapo, the Surgeon General of Florida, announced that there would not be a return to lockdowns in the state. Hopefully other US states, and countries, will follow this lead.

Florida Surgeon General Dr. Joseph Ladapo discusses the only common sense response to any future OMICRON case surge in Florida:

“Our answer, unlike other states, is not more restrictions or more mandates. It’s really just early treatment.” [pic.twitter.com/oaKo00xfcJ](https://pic.twitter.com/oaKo00xfcJ)

— Scott Morefield (@SKMorefield) [December 17, 2021](#)

Even in the “prison state” of Australia, coercive “zero-covid” policies, are not being implemented for Omicron, which is spreading, and fast, in part thanks to over 70% of the population being fully vaccinated (!). There were nearly 10,000 new cases per day at the time of writing this article – a sharp contrast with last July for example, when there were about 100 cases per day.

A clear and welcome victim of Omicron is the (failed) “medico-political ideology” of “[Zero-Covid](#)”!

### **Early Outpatient Treatment**

With the now proven to be ineffective and risky “vaccines,” we are nearly back at square one when it comes to fighting COVID-19, with some notable exceptions. One of them is early early outpatient treatment which has, since its beginnings in February / March 2020, considerably improved. There are several protocols. When such protocols are implemented, along with good doctoring, then severe disease and hospital admissions are essentially reduced to zero. This occurs with any variant, but even more, with Omicron, which is mild, and for which hospital admission or ICU transfer are genuinely rare. In the very unlikely case of a progression to severe disease, it’s critical that early outpatient treatment is made available. Also, let’s not forget, it’s not like if Delta had been eradicated by Omicron. It’s still there.

There will also likely be other variants, and as Dr. Chetty points out in the interview, it’s possible we may not be as lucky next time. The “vaccines,” developed against the original Wuhan strain, will be as ineffective against future variants than they are against Omicron and Delta. On the other hand, early treatment protocols have proven to be highly flexible and adaptable to new variants. Doctors had a harsh time with the early treatment for the Brazilian and South African variants. Obviously, they are not using the same protocol for the Omicron. It’s one of the key advantages of early outpatient treatment: it can be tailored to the variant. This is all explained by Dr. Chetty in the interview.

Clearly, we will continue to need early outpatient treatment, for the unlikely cases of severe disease with Omicron, and for newer variants to come. Worth watching is this webinar, focusing on The Delta, with Dr. Chetty, Dr. Cole, Dr. Kory and Dr. Urso, where the latest in early outpatient treatment (before Omicron) are discussed. The webinar demonstrates how flexible early treatment is to respond to virus mutations and changes in the disease.

### **B. South Africa Adapts Measures to Omicron Reality**

South Africa still has about 200,000 active cases in the country, versus 10 times less at the beginning of the month. Probably overwhelmed by this number, and also realizing the mildness of Omicron, the authorities announced [new rules](#) regarding contact tracing, quarantine and isolation.

As an intro to the circular, the authorities explain the rationale behind the new rules based on several elements:

- a high proportion of people with some immunity from infection and/or vaccination, thereby acknowledging post-COVID natural immunity
- the high transmissibility of the Omicron variant, including with aerosol spread
- a high proportion of asymptomatic infections, meaning that only a small proportion of cases can be diagnosed
- an acknowledgement of the limitations of the tests, including false negatives

The authorities emphasize that contact tracing does not take into account pre-existing immunity and does not allow for identifying high risk patients. In addition, they stress that “quarantine has been costly to essential services and society as many people stay away from their work and thus lose their income and children miss on their schooling.”

This brought the South African authorities

- to stop contact tracing with immediate effect (except in congregate settings and cluster outbreak situations or self-contained settings);
- to stop all quarantine with immediate effect, for both vaccinated and unvaccinated contacts (which acknowledges transmission by the unvaccinated);
- to only require 8 days of isolation for those with mild disease (persons who have symptoms and have tested positive but who do not require hospitalization. do not have shortness of breath or abnormal chest imaging); no isolation is required for asymptomatic individuals (even with a positive test)
- for mild disease, “there is no need for Covid-19 test (either PCR or antigen test) be performed prior to returning to work after 8 days isolation period.”
- only for severe cases is isolation and testing justified, and must be supported by a medical report.

To clarify the implications of the circular, the authorities issued FAQs. Here are excerpts:

- Q: What should I do if I had close contact with someone that tested positive for COVID-19? A: You can continue with your normal duties and activities, but closely monitor your symptoms.
- Q: Should I get tested if I had close contact with someone that tested positive for COVID-19? A: No. You should only get tested if you develop symptoms yourself.
- Q: Do I still need to quarantine for 10 days if I had close contact with someone that tested positive for COVID-19? A: No. All quarantine will stop with immediate effect. This applies to both vaccinated and unvaccinated people. You should however closely check yourself for symptoms.
- Q: Should I isolate even if I am vaccinated? A: Yes. The isolation rules apply to both vaccinated and unvaccinated people. (remember: this does not apply to those who are asymptomatic).

You can contrast those rules with those that are applicable in your own country. Clearly, South Africa is leading the way at incorporating rational policy, acknowledging that many of the previous measures don’t make any sense (even if it can be argued that they were not making much sense before either).

### **C. Ill-Conceived Measures Adopted in Most Countries**

While South Africa faced Omicron first and draw rapid lessons from its high transmission and disease mildness, most countries reacted differently and actually reinforced existing measures rather than relaxing them.

Here are some examples:

#### **Booster Shots**

The (false) logic of the booster shots for Omicron is summarized well in this Tweet by Boris Johnson.

“We know two jabs don’t give you enough protection against Omicron so whether it’s your first, second or booster jab I urge you to book an appointment now.”

There are over 1.5 million vaccination slots available to book in England in the coming days.

We know two jabs don’t give you enough protection against Omicron so whether it’s your first, second or booster jab I urge you to book an appointment now. [#GetBoostedNow](#)

— Boris Johnson (@BorisJohnson) [December 27, 2021](#)

Such irrational promotion of booster shots is happening in many countries, including Canada, USA most of Western Europe and elsewhere. You can find [here](#) an example of (flawed) analysis pertaining to the booster shots and Omicron in Australia.

See also this analysis of the UK situation, which have monitored since early 2020.

As explained very convincingly by Dr. Chetty, booster shots are absolutely not needed for Omicron. This is because Omicron only induces mild disease. In the unlikely case of an evolution towards severe disease, an Omicron infection can be treated with some common drugs.

At the same time, the booster shots, like the first shots, come with significant risks of adverse events, serious adverse events, including deaths.

And don't forget, vaccines are, in their vast majority, being administered to healthy people. The number of healthy people needed to be injected for saving a single life from Omicron is likely in the hundreds of thousands if not the millions. But such large number of injections will undoubtedly lead to numerous serious adverse events and likely deaths from the booster shots, which needs to be contrasted with the essentially zero risk of of dying from Omicron. If quality early treatment is implemented to the very few (and only to those) who develop moderate or severe illness.

The promotion of booster shots is probably the most irresponsible measure taken by decision makers such as Boris Johnson in response to Omicron.

As previously discussed, it's not only the booster shots that don't make any sense with Omicron. All the mass vaccination efforts need to be called into question, especially for children and healthy adults.

And of course, all the measures to coerce people to take these injections – mandates, QR passports, etc. – have no medical rationale left with Omicron.

### **Restrictions on Gatherings, Businesses, to Limit the Spread**

Many jurisdictions have opted to attempt limiting the spread of Omicron through lockdown measures similar as those used, with little success, if any, over the past 2 years. Depending on the jurisdiction, many measures have been replaced by vaccination passports. But further measures, also applicable to those having been jabbed and having a QR / vaccination pass, are being implemented to combat the (mostly mild – let's keep that in mind) Omicron.

For example, the [Province of Québec](#) in Canada has decided to reduce the maximum attendance for private gatherings, to reduce by 50% the capacity of restaurants, movie theatres, churches, etc (which are already only accessible to fully vaccinated people with a vaccine passport), to have 2 meters distancing in gyms (also only accessible to fully vaccinated), to require wearing masks in school all the time, to postpone the return to school after the Xmas holiday, etc. etc.

Note that in Québec, since early December, there has been a tenfold increase in the number of new daily cases, with about 75% estimated to be Omicron, yet only a doubling of hospital admissions for Covid, from approx 250 to 500 a day, and less than a doubling of ICU admissions.

It's not clear what effects these measures will have in terms of limiting spread, but one thing is clear: daily new cases have never been as high in Canada, and there are presently some 130,000 active cases of Covid in the country. Presently, daily deaths attributed to Covid in Canada – a country of 37 million inhabitants, that does not implement early treatment of the disease – are at about 20.

The trends in the nearby [Province of Ontario](#) are similar to those of Québec, and indicate a surge in cases among the fully vaccinated (figure)

Source: <https://covid-19.ontario.ca/data/case-numbers-and-spread>

Another example is the Netherlands, which has taken even more stringent measures.

You are asked/required to a) Stay home as much as possible and avoid busy places; b) Receive no more than 2 visitors per day. c) Do a self-test before visiting others or receiving visitors. d) On 24,25 and 26 December and on 31 December and 1 January: receive no more than 4 visitors per day (children under 13 excluded); e) Work from home; f) if aged 70 years and over: limit contact with others, especially children under 13; f) Wear a face mask where required.

Museums, cinemas, theatres, zoos, amusement parks and other venues have been closed (exceptions: libraries & organized daytime activities and care for vulnerable groups). Restaurants, cafés and bars are closed, except for takeaway and delivery. Hotels remain open, eating in room permitted. Events are not permitted, except professional sports matches and competitions. but no spectators allowed. ([See details](#))

None of these extreme measures taken by governments will reduce the spread of this variant. [In France, public gatherings will be limited to 5000 outdoors and to 2000 indoors](#). This still leaves ample opportunities for Omicron to spread and deliver mild disease and natural immunity to large numbers of people!

See more about the restrictions in this [CNN article](#).

### **N-95 and Other Masks**

Here again, because of the (unfounded) fear of getting infected by Omicron, which induces mild disease, politicians are asking to mask up and to upgrade the masks to N95. In some jurisdictions, such as New York state, even [2 year olds](#) are required to wear masks.

As we face the rapidly spreading omicron variant, we should remember that not all face masks are created equal. Congress must demand the mass production and distribution of N-95 masks, the most effective way to stop the spread of the Covid virus.

— Bernie Sanders (@SenSanders) [December 26, 2021](#)

Experts agree that cloth masks are useless against Omicron.

Yet at this very moment, 2-year-olds are wearing them in daycare all over New York State.

Governor Hochul, how can you defend impeding toddlers' speech and social development for a COVID intervention with zero impact?

— Justin Spiro, LCSW (@Jusrangers) [December 27, 2021](#)

The latest move, to further push masks on airplanes, despite their advanced HEPA air filtration systems, is particularly laughable, as these masks can be removed for extended periods of time during flights, for meals. So even if they would provide some prevention of transmission, they are typically removed long enough by every single passenger to annihilate such efforts.

### **Track & Trace + Isolation**

Large scale track and trace and quarantine, especially of those who are asymptomatic, induces a large burden on society, the economy, and health care systems. It has never been effective in stopping easily spread respiratory infections.

In the US, the CDC has just reduced to 5 days the isolation period for those testing positive without symptoms, a move that follows South Africa's logic, yet which is [already attracting criticisms](#) from people still believing longer isolation is warranted.

In Australia the sophisticated track and trace system is being abandoned in New South Wales, as the sharp increase in cases makes it [impossible to operate](#).

### **Travel Bans**

In November, with the announcement of the new variant, many countries implemented travel bans on countries from Southern Africa. For example, the US banned travel from South Africa, Botswana, Eswatini, Namibia, Lesotho, Malawi, Mozambique and Zimbabwe. Canada added Egypt (Northern Africa) and Nigeria (West Africa) to the list. The travel restrictions will be lifted by the US on New Year's Eve; they were lifted December 18 by Canada. Various other countries have implemented restrictions, including the UK, which prompted the South African government to [call for compensations](#) ...

Omicron is now spreading all over the world and is found in over 110 countries, [according to the WHO](#).

### **D. In Conclusion**

We are now nearly 2 years into this pandemic, and Omicron is viewed by experts, such as Dr. Chetty, Dr. McCullough or Dr. Malone, as a Godsend or a Christmas present. Their rationale is that the variant poses minimal risk to the population in the short term, and in the medium and long term contributes to herd immunity.

But these perspectives are not widely shared. Most governments have instituted policy responses to Omicron that defy logic and actually pose substantial risk.

If COVID had the severity of Omicron back in early 2020, would the world have come to a stop? Most probably not. This is because the very low case fatality rate would not have produced dramatic spikes in mortality, and COVID-19 would not have been considered dangerous.

Omicron is a very different, much milder than previous variants. The policies implemented by most governments seem to reflect, a best, laziness and incompetence from their part. At worst, the variants, including Omicron, are used as an instrument of fear to justify authoritarianism and controls over society, while this is absolutely unjustified and should be unacceptable to everyone.

The policy implications of Omicron are considerable. In most countries, there is a need for dramatic changes in public policy, as analyzed in this article. In fact, Omicron represents an amazing opportunity for governments to adapt their policies, in light of this much milder variant, and bring us much closer to natural immunity, herd immunity and endemicity.

Time will tell if governments will learn and adapt their policies, or if they will perpetuate their mistakes and do even more mistakes, to make our ordeal last even longer, with the high risk of jeopardizing most democracies and long term health,

well-being and prosperity.